



Effect of Amniotic Membrane Transplantation in Severe Peripheral Ulcerative Keratitis

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Clinical Image

A 61-year-old man presented with unilateral ocular pain and photophobia that started 21 days before presentation. Biomicroscopy presented a corneal nasal thinning area suggestive of Peripheral Ulcerative Keratitis (PUK) of 50% and a dense anti-gravitational hypopyon (Figure 1A, 1B).

He was treated with daily oral prednisone 30 mg, doxycycline 200 mg and ascorbic acid 1 g. He was covered with vancomycin (that caused a central transitory deposit (Figure 1C), voriconazole and ceftriaxone every 2 h. Insulin eye drops every 6 h, 2% cyclosporine every 12 h and erythromycin nightly were used to promote epithelialization, although finally an Amniotic Membrane Transplant (AMT) 2 weeks after the diagnose was needed to resolve the process (Figure 1C, 1D). No microorganism has grown in any cultivation, highlighting the inflammatory cause of it and the benefits of AMT in these cases.

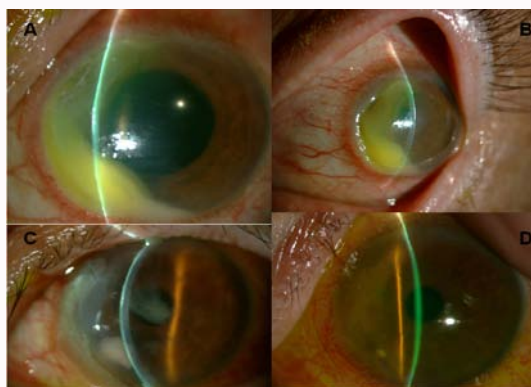


Figure 1: Peripheral Ulcerative Keratitis.

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